



Auto Accident Checklist

Keep this checklist and a pen in your car with your insurance card. Following an

accident, try to fill out the information as completely as possible. Remember to take photos and/or video of the scene to go with this worksheet. Use the information to file your insurance claim.

If you're in an accident:

1. Remain calm.
2. Assess the scene. Do not get out of your car if it is not safe to do so.
3. Check for injuries.
4. Call police. Tell them where you are, what happened and if there are injuries.
5. **DO NOT** admit fault.
6. Exchange information with the other drivers.
7. Get names and phone numbers of witnesses.
8. Take photos/video of the scene including the damage to all cars. Cell phone photos will work to document initial damage.
9. Write down/record your record of the events.
10. If the police respond, find out where to get a copy of the police report for your claim. If the police do not come to the scene, ask police dispatch where you can file an incident report.

Fill out as completely as possible:

Other vehicle's information

Vehicle #1

Driver's name: _____
Address: _____
Phone: _____
Driver's License #: _____
Registered owner: _____
Relationship to registered owner: _____
Registered owner's address: _____
Make: _____
Model: _____ Year: _____
Color: _____ License Plate #: _____
VIN #: _____
Insurance Company: _____
Policy #: _____
Phone: _____
Expiration Date: _____

Vehicle #2

Driver's name: _____
Address: _____
Phone: _____
Driver's License #: _____
Registered owner: _____
Relationship to registered owner: _____
Registered owner's address: _____
Make: _____
Model: _____ Year: _____
Color: _____ License Plate #: _____
VIN #: _____
Insurance Company: _____
Policy #: _____
Phone: _____
Expiration Date: _____

Passenger Information

Name: _____
Age: _____ Male/Female: _____
Address: _____
Phone: _____

Accident information

Location of Accident

Location/Intersection: _____

Your direction of travel: _____

Other vehicle's direction of travel: _____

Injuries

Your own: _____

Your passenger(s): _____

Other driver: _____

Their passenger(s): _____

Pedestrians/Bystanders: _____

Damage

Your vehicle: _____

Other vehicle: _____

Other property: _____

Accident Report

Police Report _____ yes/no
Officer's Name: _____
Badge #: _____
Report #: _____
Time/Date: _____

Use the back of this worksheet to draw a diagram of the scene and to make notes about the accident.

If you have problems settling the claim with your insurance company, call the **Arkansas Insurance Department Consumer Services Division at (800) 852-5494**. Consumer Services Representatives can better explain the claims process and can help if you choose to file a complaint against the insurance company. www.insurance.arkansas.gov

Understanding auto insurance can be difficult, so take the guess work out of buying a policy. Get smart about your insurance needs. Go to www.InsureUonline.org for more information and tips for saving money on your premium.